

# Health Department, City of Baltimore.

Permit No. A. 591 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 23<sup>rd</sup> June 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Kivler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 9 Years, 24 Months,  Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City ✓

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 166 Hollings ch

Cause of Death, { First (Primary), Cholera Infantum }  
{ Second (Immediate), Convulsions }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cemetery ✓

Date of Burial, June 24 1887

{ Undertaker, Jos B Cook } P. J. Benson M. D. Medical Attendant.

{ Place of Business, 1003 W Baltimore } Address, 1047 Hollings ch

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

A 592

Office of Registrar of Vital Statistics.

Ward

19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

June 24<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Augusta May E. Inhardt

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

1

Months,

15

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Prussian

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give Street and Number. }

1716 W. Baltimore St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Dead when I arrived at home  
Convulsion Abdominal

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial,

Western cemetery

Date of Burial,

June 26<sup>th</sup> 1887

{ Undertaker,

Jas B. Cook

{ Place of Business,

1003 N. Baltimore St

Address,

1827 W. Fayette St

J. L. Hutchinson M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the following

# Health Department, City of Baltimore.

Permit No. A 593 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, June 23<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Casserly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 6 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, 3 Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 3 Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 905 Clifton Place

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 24<sup>th</sup> 87.

{ Undertaker, M. Coogan } George Reynolds M. D. Medical Attendant.

{ Place of Business, 696 Mulberry } Address, 711 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 594 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 24/87

Full Name of Deceased, Charles Petchek  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 423. N. Duncan Aly

Cause of Death, { First (Primary), Second (Immediate), } Eclampsia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 24, 1887

Undertaker, Frank. Croach J. H. Hollenberg M. D. Medical Attendant.

Place of Business, 227. N. Durham St Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

# Health Department, City of Baltimore.

Permit No. A. 595 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 22<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Alexander Johnson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, 7 Months, \_\_\_\_\_ Days.

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 123 Arch St Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give Street and Number. } 123 Arch St Baltimore

Cause of Death, { First (Primary), Second (Immediate), } Unknown  
Seemed to be tubercular Meningitis

Duration of Last Sickness, About one week. Only seen by me once just before death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, June 24<sup>th</sup> 1887

{ Undertaker, William Dungan } J. R. Wheeler M. D.  
Medical Attendant.

{ Place of Business, 180 East St Address, 661 W Fayette St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. **A 596** Office of Registrar of Vital Statistics. Ward **12**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 23<sup>d</sup> 1887**

Full Name of Deceased, *Write legibly and spell correctly. If an Infant not named, give names of parents.* **James L. Bartol**

Sex, **Male** ~~or Female~~, *{ Cross out the word not required in this line. }*

Age, **74** Years, **White** Months, **✓** Days.

Color, **White** **✓**

~~Married, Single, Widow or Widower~~, *{ Cross out the words not required in this line. }*

Occupation, **Lawyer**

Birth Place, *{ State or country, and how long in the United States, if of foreign birth. }* **Harford Maryland**

Duration of Residence in the City of Baltimore, **30 Years**

Place of Death, *{ Give Street and Number. }* **1503 Bolton St**

Cause of Death, *{ First (Primary), Second (Immediate). }* **Chronic Bronchitis**  
**General Debility**

Duration of Last Sickness, **About 5 Years.**

All the above information should be furnished by the Physician.

Place of Burial, **Green Mount**

Date of Burial, **June 25/87**

Undertaker, **Wenny & Mitchell** **W. R. McGowan** M. D.  
*Medical Attendant.*

Place of Business, **1201 N. Fayette** Address, **140 Kildare Ave**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore.

Permit No. A 597 Office of Registrar of Vital Statistics. Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 23<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlotte Barton Craig

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 13 Months, 13 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Infant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 844 N. Howard

Cause of Death, { First (Primary), Second (Immediate). } Teething  
Diarrhoea

Duration of Last Sickness, one doz

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25 1887

Undertaker Gas P. Byrne Medical Attendant, Abraham M. D.

Place of Business, 302 N. Gay Address, 1921 W. 3<sup>rd</sup> St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 598 Office of Registrar of Vital Statistics. Ward 3<sup>rd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Eugene

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, — Months, — Days

Color, wh

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 118 S. Belhel

Cause of Death, { First (Primary), Second (Immediate), } Convulsion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, June 25<sup>th</sup> 1887

Undertaker, E. Stroner

Place of Business, Bank & Wolf Address, Ind

Les. Hemen M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



# Health Department, City of Baltimore.

Permit No.

*A. 599*

Office of Registrar of Vital Statistics.

Ward

*3 1/4*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *June 23<sup>d</sup> 1887.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Ann Fisher*

Sex, ~~Male~~ or *Female*, { Cross out the word not required in this line. }

Age, *54* Years, Months, Days.

Color, *Colored*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Washerwoman*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Berchester Co. Md.*

Duration of Residence in the City of Baltimore, *15 years*

Place of Death, { Give Street and Number. } *26 Iron alley*

Cause of Death, { First (Primary), Second (Immediate), } *Pleuro pneumonia*  
*Exhaustion from severe fever*

Duration of Last Sickness, *3 1/2 months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenwood Cemetery*

Date of Burial, *June 25*

Undertaker, *John E. Bruce* *Geo S. Lynch* M. D. Medical Attendant.

Place of Business, *312 N. Charles St* Address, *4 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A 600 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Rathbone

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 33 Years, 1 Months,  Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, House Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, { Give Street and Number. } 329 Hoffman St

Cause of Death, { First (Primary), Second (Immediate), } Uremic Poisoning  
Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 26/87

Undertaker, C. J. Scriven M. D. Medical Attendant.

Place of Business, 925 Madison Address, 1319 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]